

2024

Personal Organizer

Norwalk Business Service, Inc.

www.nbs-tax.com

nbsinc@nbs-tax.com

Your Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_  
Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Residence Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Your Driver's License: \_\_\_\_\_ Spouse's Driver's License: \_\_\_\_\_  
Your License State Issued: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Spouse's License State Issued: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*\*\*\*New clients please bring a copy of your prior year's tax return with depreciation schedule\*\*\*\*

Name	Birthdate	SSN (Mandatory)	Relationship	Months lived at home (if less than 12)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Estimated Taxes:

Federal			State		
Due Date	Date Paid	Amount	Due Date	Date Paid	Amount
4/15/2024	_____	\$ _____	4/15/2024	_____	\$ _____
6/17/2024	_____	\$ _____	6/17/2024	_____	\$ _____
9/16/2024	_____	\$ _____	No CA est due	_____	\$ _____
1/15/2025	_____	\$ _____	1/15/2025	_____	\$ _____
Other Payments to IRS	Date: _____	\$ _____	Date: _____		\$ _____
Other Payments to FTB	Date: _____	\$ _____	Date: _____		\$ _____

1. Interest Received: Bring Form 1099 INT

Banks, Savings, Credit Unions	Amount
From	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Tax Exempt Interest  
(Do not include IRA earnings)

From	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Interest Received from Individuals:

Name	Address	SSN(Mandatory)	Amount
_____	_____	_____	\$ _____

2. Stocks Dividends Received: Bring Form 1099-DIV & 1099-B (Stock Sales and Bitcoin)

From	Amount	From	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Did you sell, send, exchange, or otherwise acquire any interest in any crypto currency this year? Yes / No

Bring transactions including Sales Price, Purchase Price, Date Acquired/Sold, and Rewards/Earnings

3. Unemployment Income Received

\$ \_\_\_\_\_

Unemployment Income Repaid

\$ \_\_\_\_\_

**IRA/Pension/401k Distribution: Bring Forms 1099R**

Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**IRA/Pension/401k Rollover: Bring Form 1099R**

Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Roth Conversion: Bring Form 1099R**

Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Medical Expense:**

Prescriptions \$ \_\_\_\_\_  
 Doctors, Dentists, Nurses & Co-Pay \$ \_\_\_\_\_  
 Hospital & Nursing Homes \$ \_\_\_\_\_  
 Medical Ins. Premiums \$ \_\_\_\_\_  
 Medicare Premiums on SSA 1099 \$ \_\_\_\_\_  
 Long Term Care Premiums \$ \_\_\_\_\_  
 Long Term Care Premiums (Spouse) \$ \_\_\_\_\_  
 Parking \$ \_\_\_\_\_  
 Miles For Medical Care \_\_\_\_\_  
 Glasses, X-Rays & Lab Fees \$ \_\_\_\_\_  
 Other-Hearing Aids, ETC. \$ \_\_\_\_\_  
 Medical Supplies \$ \_\_\_\_\_

**Taxes:**

Property Tax (Pers. Residence) \$ \_\_\_\_\_  
 Property Tax (Land, 2nd Prop) \$ \_\_\_\_\_  
 Auto Registration (No. of Vehicles \_\_) \$ \_\_\_\_\_  
 Pers. Prop Tax (Boat, etc.) \$ \_\_\_\_\_  
 Sales Tax (Car, Boat, Airplane) \$ \_\_\_\_\_  
 Hero Program (Bring Tax Bill)

**Mortgage Interest Paid:**

Home Mtg: **Bring Form 1098 from Mortgage Holder**  
 Mortgage Co.

\_\_\_\_\_ \$ \_\_\_\_\_  
 Mortgage Co.

\_\_\_\_\_ \$ \_\_\_\_\_  
 Home Mtg: Paid to Individuals \$ \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Student Loan Interest Paid:** \$ \_\_\_\_\_

**Special Teachers Deduction**

Amt paid for teaching supplies \$ \_\_\_\_\_

**IRA Contribution:**

You: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

**Roth IRA Contribution:**

You: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

**Gambling Winnings: (Bring W-2 G)**

You: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

**Bring win / loss statements if you have winnings****Social Security: Bring Form SSA-1099**

You: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

**Any other income we should be aware of.**

Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Settlement Money Received:**

You: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

**Contributions:**

	<b>Checks</b>	<b>Receipts</b>
Church	\$ _____	\$ _____
Payroll Ded.	\$ _____	\$ _____
Other	\$ _____	\$ _____
Other	\$ _____	\$ _____
Other	\$ _____	\$ _____
Out of Pocket Expense	\$ _____	\$ _____

**Non-Cash Contributions:****FMV**

Goodwill \$ \_\_\_\_\_  
 In-Kind Donations \$ \_\_\_\_\_

*Non-cash contributions over \$500.00 must have documentation showing what was given, the value of the donation, how much it was purchased for, and when it was purchased*

**Car donations: Bring Required Form 1098-C**

**All cash contributions require written substantiation from that organization. Checks under \$250. are acceptable.**

Charity Travel \_\_\_\_\_ Mi

**Misc. Work Related : State Deductible Only**

Union Dues \$ \_\_\_\_\_  
 Tax Preparation \$ \_\_\_\_\_  
 Safe Deposit Box \$ \_\_\_\_\_  
 Job Related Books & Manuals \$ \_\_\_\_\_  
 Job Related Cellular Phone \$ \_\_\_\_\_  
 Job Related Telephone Calls \$ \_\_\_\_\_  
 Job Related Education \$ \_\_\_\_\_  
 Job Education Miles \_\_\_\_\_ Mi  
 Job Related Meals \$ \_\_\_\_\_  
 Job Seeking Exp (list separately) \$ \_\_\_\_\_  
 Laundry - Uniforms \$ \_\_\_\_\_  
 Small Tools for Work \$ \_\_\_\_\_  
 Uniforms (not gen. wear) \$ \_\_\_\_\_  
 Credit Card Fees to pay your taxes \$ \_\_\_\_\_

**Employee Business Auto Expense (State Only):**

Total Miles \_\_\_\_\_  
 Business Miles \_\_\_\_\_  
 Personal Miles \_\_\_\_\_  
 Gas \$ \_\_\_\_\_  
 Repairs \$ \_\_\_\_\_  
 Tires \$ \_\_\_\_\_  
 Vehicle Insurance \$ \_\_\_\_\_  
 Misc: (Car Wash, etc) \$ \_\_\_\_\_  
 Auto Registration \$ \_\_\_\_\_  
 Vehicle Lease Payments \$ \_\_\_\_\_

**Employee Business Travel (State Only):**

Meals \$ \_\_\_\_\_  
 Air Fares \$ \_\_\_\_\_  
 Number of Overnight Stays: \_\_\_\_\_  
 Parking \$ \_\_\_\_\_  
 Reimbursement from employer  
 not included in W-2 \$ \_\_\_\_\_  
 Incidentals (Taxi, Dry Cleaning, Etc) \$ \_\_\_\_\_

*If you have a business, fill these expenses  
 on the business or realtor worksheet.*

**Did you or your dependents receive insurance through an exchange?** (Covered CA) Yes / No

If yes, bring Form 1095-A

**Health Insurance: California Residents Only**

Did every member of your family have health insurance last year? Yes / No

If no, your preparer will need to know which months each member of your family had health insurance.

Bring 1095-A, 1095-B, and 1095-C for verification. Medicare counts as coverage

**Child Care:**

Person or Organization Paid: \_\_\_\_\_ Number of Dependents cared for: \_\_\_\_\_  
 SSN or Federal ID# of Organization \_\_\_\_\_ Amount paid for each child: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number (required) \_\_\_\_\_  
 City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Did you receive dependent childcare benefits on your W-2? Yes / No

Bring information if your dependent, under 24, has unearned income of \$2600 or more during the year

**Purchased and/or refinanced Personal Residence, Vacation Home, Land, or Income Property**

Bring in the **Final Escrow Closing Statement**. (If a rental was purchased, bring in the property tax bill.)

**Sold Personal Residence, Vacation Home, Land, or Income Property**

Please bring in the **Final Escrow Closing Statement and Form 1099-S**.

**Did you have debt cancellation or foreclosure?**

Date \_\_\_\_\_  
 Amount \$ \_\_\_\_\_

Bring your last loan statement  
 and Form 1099A or Form 1099C

**Energy Credits**

Solar Energy  
 (Contract is Mandatory) Amount \$ \_\_\_\_\_

**Electric Vehicle Credit:**

Bring Tax Credit Eligibility Form and Contract from Dealer  
 Amount \$ \_\_\_\_\_

**Alimony:**

Paid: \$ \_\_\_\_\_  
 Received: \$ \_\_\_\_\_  
 SSN of Ex-Spouse \_\_\_\_\_  
 Date of Original Agreement \_\_\_\_\_

**Energy Efficient Improvements**

Windows & Skylights \$ \_\_\_\_\_  
 Exterior Doors \$ \_\_\_\_\_  
 Home Energy Audit \$ \_\_\_\_\_  
 Heat Pump \$ \_\_\_\_\_  
 Insulation or Roofing \$ \_\_\_\_\_  
 Water heater \$ \_\_\_\_\_  
 A/C or Fan \$ \_\_\_\_\_  
 Other Improvement: \$ \_\_\_\_\_

**Bring Proof the Item(s) Qualifies for Credit**

Energy star rating documentation, model number,  
 or other documentation that shows that the item  
 qualifies for the tax credit.

<https://www.energystar.gov/productfinder/>

Do you have any household employees? **Yes / No**

### Asset Reporting

Do you own/have interest in any Foreign Account? (Cash, Retirement, Pension, Stock, etc) Yes / No  
If yes, please bring the Asset or Account Info. ( Name, Address, Account Number, and Balance)  
Received foreign gift or inheritance from an Individual or a business? Yes / No  
Do you have any foreign sourced income? Yes / No  
Do you have an online Gambling Account Yes / No  
Is there any other income that we should be aware of? Yes / No  
**Do you have any unreported California Sales Tax?** Amount \$\_\_\_\_\_ Yes / No

### Dependency and Head of Household Questionnaire

If you do not have a dependent, do not answer. Spouses are not dependents.

The Internal Revenue Service is requiring all tax practitioners to inquire with taxpayers whenever a Child Tax Credit, Earned Income Credit, or Head of Household Status is claimed.

#### Child Dependency and Earned Income Credit Questions

Can you be claimed as a dependent on someone else's return? Yes / No  
Do you (and your spouse if applicable) both have Social Security Numbers (not ITINS)? Yes / No  
Can anyone else claim any of the dependents you are claiming on your tax return? Yes / No  
Did the dependent live with you for over 50% of the year? (College attendance is ok) Yes / No  
Did you provide 50% or more support for the dependents you are claiming on your tax return? Yes / No  
Did a custodial parent allow you to claim a dependent this year? (bring signed Form 8322) Yes / No  
Are all your dependents US Citizens? Yes / No  
Do all of your dependents have Social Security Numbers? (not ITINS) Yes / No  
Were you a US Citizen or Resident Alien for the entire year? Yes / No  
Do you pay more than half the cost of maintaining a parent's separate household? Yes / No  
Are any of the dependents you are claiming married? Yes / No  
Has your earned income tax credit been disallowed in the past? Yes / No

#### Head of Household Question

Were you unmarried or living apart from a spouse for the last 6 months of the year? Yes / No

**Please bring in copies of medical or school records showing that the child lives with you at your address.**

*If you share 50 percent custody with a dependent with another taxpayer, the taxpayer who earned the most money must claim the dependent unless the dependent is released with Form 8322.*

### College Questionnaire

Was the college student a half time student or more? (6 units in one semester is as half time) Yes / No  
Does the college student have a felony drug conviction? Yes / No  
Did you receive a 1098-T for the student? (please bring 1098-T and financial transcript) Yes / No

Tuition & Fees Paid	\$ _____	ESA / QTP/ 529 Withdrawal	\$ _____
Books	\$ _____	Tuition and Student Housing Total	
Scholarships	\$ _____	Housing Amount cannot exceed School Dormitory cost or School Cost of Living Estimate	

*If you are self employed, please fill out our Business Worksheet or Real Estate Worksheet so we can document your income.*

**By signing this you are indicating that this questionnaire is correctly answered and the income and expenses provided to the tax preparer are accurate.**

Signature

Date

Should you need to contact us, please feel free to either call or email our office.

Yours truly,

**Norwalk Business Service, Inc.** (562) 863-4808

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